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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 3670

<b>SERIAL NUMBER</b> 10/010,742	<b>FILING OR 371(c) DATE</b> 11/30/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1637	<b>ATTORNEY DOCKET NO.</b> 210121.491C7
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/910,689 07/20/2001 ABN  
which is a CIP of 09/778,320 02/06/2001  
which is a CIP of 09/571,025 05/15/2000 ABN  
which is a CIP of 09/545,068 04/07/2000 ABN  
which is a CIP of 09/523,586 03/10/2000 ABN  
which is a CIP of 09/510,662 02/22/2000 ABN  
which is a CIP of 09/451,651 11/30/1999 PAT 6,489,101

Verified TS

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

none TS

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

01/30/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 0	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>Teresa Stuebelia</u> Initials <u>TS</u>				

## ADDRESS

00500

## TITLE

Compositions and methods for the therapy and diagnosis of breast cancer

<b>FILING FEE RECEIVED</b> 888	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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